



# Sioux Falls

May 6, 2006



Citizens' Health Care Working Group

HEALTH CARE  
THAT WORKS FOR ALL  
AMERICANS

## OVERVIEW

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Sioux Falls meeting attendees called for health care for all. Participants were thoughtful, candid, and concerned. At times they conveyed poignant and even painful personal experiences and insights to describe why our health care system is in urgent need of attention and improvement. They talked about a health system suffering from coverage gaps, service failures, administrative shortcomings, excess interventions and questionable financial incentives. Participants discussed how the health care system affects their own lives and the lives of their families, their community, their state and the country as a whole.

Participants suggested that the United States should learn from the experiences of other nations (specifically, Canada, Iceland, and Japan) that are building or refining their health care systems.

They reflected a genuine concern for the common good while retaining a strong sense of the value of personal responsibility. Participants struggled to find a middle ground that would balance and engage the individual, the community, as well as both the public and private sectors.

*"We should convert to a health care system pooling all funding sources: employer based insurance; Medicare; Medicaid; Veterans Administration health benefits; Indian Health Services benefits; etc., and use a Medicare-type payroll tax to create a basic health care coverage system for all."*



### Citizens' Health Care Working Group Community Meetings

Kansas City, Missouri  
Orlando, Florida  
Baton Rouge, Louisiana  
Memphis, Tennessee  
Charlotte, North Carolina  
Jackson, Mississippi  
Seattle, Washington  
Denver, Colorado  
Los Angeles, California  
Providence, Rhode Island  
Miami, Florida  
Indianapolis, Indiana  
Detroit, Michigan  
Albuquerque, New Mexico  
Phoenix, Arizona  
Daytona Beach, Florida  
Upper Valley, New Hampshire  
Hartford, Connecticut  
Des Moines, Iowa  
Philadelphia, Pennsylvania  
Las Vegas, Nevada  
Sacramento, California  
San Antonio, Texas  
Fargo, North Dakota  
New York, New York  
Lexington, Kentucky  
Little Rock, Arkansas  
Cincinnati, Ohio  
Sioux Falls, South Dakota



## SESSION FINDINGS

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### **Values**

*"Everyone should have access to health care. There ought to be a shared social and individual responsibility for health care."*

*"Health care should be a basic right; there are so many people who don't have it."*

Participants unanimously agreed that the health care system in the United States either has major problems or is in a major state of crisis—and all but one person indicated that it should be public policy to assure that all Americans have access to affordable health care coverage.

More than two-thirds (71 percent) of participants agreed that the most fundamental value of our health care system should be to provide an affordable set of health care benefits for all Americans. The next most popular value (13 percent) was that health care is "a shared social and personal responsibility."

Participants at one table discussed what they meant by saying that health care should be a "right" after two of them used this word to describe their view of health care. To them, a "right" meant a mutual responsibility and they described: "some level of basic access to health care; I'd like to see some value of social responsibility that is broader than just ourselves." A second person clarified that, "for every right there ought also to be personal responsibility; there should be shared social responsibility." Another person added that "I'm not sure I'm ready to say a 'right' but I do think everybody should have access."

Other values expressed by participants, but not prioritized as most fundamental included: encouraging prevention; promoting patient choice based on competition among providers; and making access to appropriate care available by appropriate providers at appropriate facility levels; "fairness and honesty: promises kept."

### **Benefits**

*"Have a system designed by a citizens' commission, but overseen by the government, because that way it would be fairer to those who are less fortunate than those who can afford premium health care."*

*"We should have the decency to honor end of life by not pumping millions into the last days but rather encouraging high quality comfort care."*

Participants heard that both the current system of providing benefits according to specific categories of people as well as a system that gives defined benefits for everyone could be designed to cover all. After this statement, seventy-seven percent of participants indicated they would prefer a health care system with a set of defined benefits that would be available to everyone. They liked this approach because: 1) they realized that they may already be paying more to help those who don't have coverage under the current system; and 2) people without coverage are more likely to need expensive emergency care due to a lack of access to early preventive or primary care. However, at least one participant did not want to require people to

have coverage: "I don't like the Massachusetts plan because you get fined if you don't have insurance."

When asked to weigh in on who should decide what is in a basic benefits package, participants indicated that citizens (88 percent) and medical professionals (73 percent) should have a major role in this decision. They believed that government and employers should have minor roles (by votes of 72 and 64 percent, respectively) in this decision. There was clearly less support for the involvement of insurance companies. Fifty-five percent indicated insurance companies should have only a minor role in selecting benefits and forty-two percent of the participants indicated that insurance companies should have no role.

At one table, participants suggested that a citizen-run body, with necessary—but lesser—participation from other stakeholders, should make these critical decisions. They indicated that groups should be formed to discuss what was desirable and find out what people want; and for this purpose "it doesn't have to be people with college educations." They also suggested some changes to features of the current system: make it possible for individuals to obtain care for preexisting conditions at a reasonable price; cut through red tape found "in insurance companies, employers, and the government;" make the system simpler and benefits more clearly defined; and reduce administrative complexity and burdensome paperwork requirements for both patients and providers - "maybe there could be automatic preauthorization for certain essential procedures before paperwork must be completed."

When asked to select "who would you prefer to provide your health insurance?" over a third of participants (38 percent) chose "other." When asked for clarification, many participants indicated that they were interested in having a mix of sources provide coverage. For instance, "I can see the government providing basic care that allows people to purchase a plan on their own, but then bringing government back in for catastrophic coverage." Others mentioned options such as a "cafeteria" plan or "portable Health Savings Account" to keep the costs affordable and allow people to bank the unspent portion rather than losing it.

Participants agreed that employer-based insurance was fine for those that were employed but that the government needs to take over when individuals are unemployed or uninsured.

The value of a government established insurance pool was identified as a more reliable source of constant funding. Others pointed out that currently, everybody needs that basic safety net but a lot of government programs "have so many rules that they leave out a lot of people, like if you don't have kids. It's like they are saying 'the heck with us'."

#### **Who Would You Prefer to Provide Your Health Insurance?**

"It's more a question of what's available than what I'd prefer; government should take care of the self-insured and unemployed. People should pay according to their income and have some bargaining power so they can get lower rates."

"I was thinking we should leave the government out completely, but now I'm beginning to think that they need to be involved."

"Those of us who are unemployed and can't afford insurance are doubly 'out' and if there is no federal system to provide us care, especially if we aren't part of the targeted groups, like children, then we are out, out, out!"

"The virtue of a government pool would be that anyone could buy into it if they were uninsured."

## **Getting Health Care**

*"Give consumers the choice to purchase health care through government programs, an employer, or directly through an insurance company."*

*"Get rid of the insurance that everyone has and provide the same basic service to all; the employer should not be required to supply insurance."*

Meeting participants identified some problems they and others they know have faced in getting health care: lack of services in the vast rural center of South Dakota; transportation difficulties and time delays in reaching needed care; and providers who don't accept Medicaid - especially for dental services. Participants indicated their willingness, and even preference, to receive health care services from physician assistants rather than physicians where appropriate. They pointed out the greater practicality of this approach, given the sparse population density of the state.

The greatest difficulty in getting needed care selected by participants was "cost", "driving patients to use inappropriate services such as emergency room care" (30 percent). Second was the lack of preventative care for those without insurance, and lack of HMO coverage (27 percent). The difficulty people with preexisting conditions face in obtaining coverage was the third most selected barrier to getting health care (17 percent).

## **Financing**

*"The money that I spend on employees' benefits used for health care could be put into real wages. The employees would pay more income tax which could help finance a health care plan by the government."*

*"Health care should be paid for by public and taxpayer dollars; the cost should be spread out equally among everybody by the amount of money they make and the size of their families."*

A clear majority (82 percent) agreed that everyone should be required to enroll in basic health care coverage, either public or private - "If we're all covered, our costs ought to go down because indigent care won't go uncovered." However, participants at one table cautioned against proceeding too rapidly. They thought it would be difficult to require everyone to enroll in coverage, including members of "sovereign nations" (Native American tribes). Some were in favor of letting Massachusetts try their plan first before attempting something similar. Others were suspicious that requiring coverage could become "an invitation to health insurance companies to lower what they provide and increase even more the amount of profit they take for themselves."

Eighty-seven percent of the participants agreed that some people should pay more than others for health care coverage. Over 50 percent thought that some combination of age, health behaviors, income or other criteria should be used to make decisions about who should pay more: "I'm willing to pay more for high risk people; but not just because I'm single or don't have children. The middle class is taking an increasingly larger part of the burden of the costs."

Regarding individual and family responsibility for financing health care, participants responded that: families are the first line of defense and everyone needs to be mindful about costs; co-payments are a reasonable way to assure shared responsibility; elective care should be the responsibility of those seeking it; and people should be able to contribute to the cost of health care so that they can choose between a “Ford” and “Cadillac” level of care. A participant observed that the risk of having to go without insurance was a damper on new business ventures: “People don’t start businesses, they are less entrepreneurial, and they stay in jobs that aren’t necessarily the best.”

The most popular (36 percent) idea for stemming the growth of health care costs in America was capping insurance company charges, (“similar to the Resource Based Relative Value Scale that is used to determine how much physicians are paid under the Medicare program”). The second and third most popular solutions (with 39 percent collectively) emphasized prevention and promoting wellness. Also recommended for reducing costs was that individuals should get care from other providers first, such as physician assistants and nurse practitioners, and seek care from physicians only if they need more specialized care.

Other suggestions included permitting the government to negotiate with drug companies and simplifying forms and amount of paperwork needed. Additionally, “there needs to be more opportunity for individual decision making; if providers are throwing out all these different treatments options. It’s so easy, when you have a lot of insurance coverage, to immediately ‘go to the top’ in the level of care.”

### ***Tradeoffs***

Regarding their preferences for tradeoffs, three-quarters (74 percent) of participants agreed that they would trade employer-based health insurance coverage to have portable coverage that follows them regardless of job. Two-thirds (67 percent) agreed with taxing some people more in order that everyone would get at least a basic level of care. Also, two-thirds (66 percent) agreed to exchange heroic/futile end of life care for high quality neonatal and early child care.

Participants felt strongly that the two most important priorities for public spending were guaranteeing that all Americans have health coverage, including through public “safety net” programs; and, investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters.

When asked if they would be willing to pay more to provide coverage for all Americans, more than half (53 percent) of the participants indicated that they were willing to pay \$300 or more a year. The clear preferences among the participants for achieving affordable, high quality health care and services for all was to create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance (31 percent). The second preference was to require that all Americans enroll in basic health care coverage, either private or public (23 percent).



## METHODOLOGY

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Participants at the meeting sat at tables of eight to ten people, each with a volunteer facilitator. The meeting format was a mix of table-level discussion, reporting table findings to the full group, quick surveys using electronic keypads and full group discussion sessions. Main points from the table discussions were called-out to the full group and displayed on a screen. Participants answered questions and ranked choices using key pads after which the results were displayed. Findings from these polls formed the basis for full group discussion. Complete polling data from this meeting is available online at [www.citizenshealthcare.gov/reports](http://www.citizenshealthcare.gov/reports)

## PARTICIPATION

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The Citizens' Health Care Working Group Sioux Falls Community Meeting was held May 6, 2006 at the Sioux Falls Convention Center. The local host for the Sioux Falls community meeting was the Community Healthcare Association of the Dakotas; Scott Goff, the Executive Director, welcomed the participants. Mayor Dave Munson participated in the meeting and welcomed those attending. Linda Robinson, staff to U.S. Senator Tim Johnson, read a message from the Senator. Chris Wright, a nurse, resident of Sioux Falls, and one of the 15 members of the Citizens' Health Care Working Group, provided a brief overview of the goals of the Working Group and was present to hear the discussion and recommendations. Daniel Stone of *AmericaSpeaks* moderated the meeting.

Approximately 50 individuals from Sioux Falls participated in the meeting, approximately three-quarters (73 percent) were women. Two-thirds were middle aged; all but one person were non-Hispanic and most (91 percent) were white. Just over half (55 percent) had graduate or professional degrees. Most (78 percent) were employed and the vast majority were insured (94 percent).

## DATA

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### Are you male or female?

27.3%	Male
72.7%	Female

### How old are you?

3.0%	Under 25
18.2%	25 to 44
66.7%	45 to 64
12.1%	Over 65

### Are you Hispanic or Latino?

3.0%	Yes
97.0%	No

### Which of these groups best represents your race?

90.9%	White
0.0%	Black or African American
0.0%	Asian
0.0%	Native Hawaiian or Pacific Islander
0.0%	Native American or Alaska Native
6.1%	Multi-racial
0.0%	Other racial background
3.0%	Decline to answer

### What is the highest grade or year of school you completed?

0.0%	Elementary (grades 1 to 8)
0.0%	Some high school
6.1%	High school graduate or GED
15.2%	Some college
6.1%	Associate Degree
18.2%	Bachelor's Degree
54.5%	Graduate or professional degree
0.0%	Decline to answer

### What is your primary source of health care coverage?

75.0%	Employer-based insurance
3.1%	Self-purchased insurance
3.1%	Veterans'
12.5%	Medicare
0.0%	Medicaid
0.0%	Other
6.3%	None
0.0%	Not sure



**What is your employment status?**

3.1%	Self-employed
65.6%	Full-time employed
9.4%	Part-time employed
6.3%	Not employed / currently looking
3.1%	Homemaker
12.5%	Other /Retired

**Which one of these statements do you think best describes the U.S. health care system today?**

60.6%	It is in a major state of crisis
39.4%	It has major problems
0.0%	It has minor problems
0.0%	It does not have any problems
0.0%	No opinion

**Should it be public policy that all Americans have affordable health care coverage?**

97.0%	Yes
3.0%	No

**Which value is most fundamental to our health care system?**

71.0%	Affordable set of benefits for all Americans
0.0%	Fairness
0.0%	Honesty – promises kept
3.2%	Patient choice – competition
6.5%	Access to appropriate kind of service, facility
6.5%	Honoring and encouraging prevention
12.9%	Sharing of personal and societal responsibility

**Which of these models would be the better way to provide coverage?**

22.6%	Providing coverage for particular groups of people
77.4%	Defined level of services for everyone

**What degree of involvement should government have in deciding what is included in a basic health care package?**

15.6%	Major
71.9%	Minor
12.5%	None

**What degree of involvement should medical professionals have in deciding what is included in a basic health care package?**

72.7%	Major
21.2%	Minor
6.1%	None

**What degree of involvement should insurance companies have in deciding what is included in a basic health care package?**

3.0%	Major
54.5%	Minor
21.2%	None

**What degree of involvement should employers have in deciding what is included in a basic health care package?**

15.2%	Major
63.6%	Minor
21.2%	None

**What degree of involvement should citizens have in deciding what is included in a basic health care package?**

87.5%	Major
12.5%	Minor
0.0%	None

**Who would you prefer to provide you with your health insurance?**

21.9%	Employer
18.8%	The government (state or federal)
6.3%	Purchase directly from an insurance company
37.5%	Other
15.6%	Don't Know

**What kinds of difficulties have you had in getting access to health care services? Which of these kinds of difficulties is the most important to address?**

13.3%	Barriers from third party payers
0.0%	Distances and transportation
6.7%	Uninsured don't access care because it has to be pre-paid
3.3%	Gaps between jobs and insurance
0.0%	Access to care around hours, availability of specialists
30.0%	Costs drive people to inappropriate care (e.g. ER)
3.3%	Providers not accepting health insurance that people have
26.7%	Don't have insurance, tend not to use preventive care
0.0%	Self-employed, can't get it, even if willing to pay
16.7%	Cannot get coverage for pre-existing conditions

**Should everyone be required to enroll in basic health care coverage - either private or public?**

81.8%	Yes
18.2%	No

**Should some people be responsible for paying more for health care coverage than others?**

12.9%	No – everyone should pay the same
3.2%	Yes – based on family size
22.6%	Yes – based on health behaviors
9.7%	Yes – based on income
51.6%	Yes – based on other criteria or a combination of the above

**What can be done to slow the growth of health care costs?**

7.1%	Hospital charges are more understandable – we can correct for errors
0.0%	Individual level of choice to limit expense technologies
0.0%	Get care from physician assistants, nurse practitioners when applicable
7.1%	Reduce expenditures for end-of-life care if individual chooses
35.7%	Establish some type of ceiling for insurance companies
7.1%	Simplify the forms
3.6%	Reduce money spent on pharmaceutical marketing
25.0%	Promoting wellness
0.0%	Create large group insurance pools (i.e. inter-state)
14.3%	Shifting health care investment upstream

**Please indicate your level of support for this trade-off:** Give up employer based insurance, in favor of other insurance that follows you where ever you go for life

3.3%	Strongly Disagree
10.0%	Disagree
13.3%	Neutral
36.7%	Agree
36.7%	Strongly Agree

**Please indicate your level of support for this trade-off:** 3-tier system with optional services at levels 2 & 3, versus a system that covers everything, but would cost more

21.9%	Strongly Disagree
21.9%	Disagree
25.0%	Neutral
28.1%	Agree
3.1%	Strongly Agree

**Please indicate your level of support for this trade-off:** Higher based level of income tax, in order to make sure that everybody gets base level service

12.1%	Strongly Disagree
3.0%	Disagree
18.2%	Neutral
48.5%	Agree
18.2%	Strongly Agree

**Please indicate your level of support for this trade-off:** Give up heroic end-of-life care, for high-quality pre-natal and early childhood health care

3.1%	Strongly Disagree
9.4%	Disagree
21.9%	Neutral
21.9%	Agree
43.8%	Strongly Agree

**Please indicate your level of support for this trade-off:** Give up current system of income tax, versus one that is purely income based with a surcharge for health care

15.2%	Strongly Disagree
15.2%	Disagree
18.2%	Neutral
15.2%	Agree
36.4%	Strongly Agree

**Please indicate your level of support for this trade-off:** Give up tax cuts for rich and corporate profits, in favor of more access to health care for more people

15.2%	Strongly Disagree
3.0%	Disagree
9.1%	Neutral
21.2%	Agree
51.5%	Strongly Agree

**Please indicate your level of support for this trade-off:** Give up everybody's equal access to ER, in favor of assessing proper level of accessible care

10.7%	Strongly Disagree
10.7%	Disagree
10.7%	Neutral
39.3%	Agree
28.6%	Strongly Agree

**Considering the rising costs of healthcare, what should be the most important priority for public spending in order to reach the goal of “health care that works for all Americans? Which is your first priority?**

6.3%	Guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas
21.9%	Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
46.9%	Guaranteeing that all Americans have health coverage
3.1%	Funding the development of computerized health information to improve the quality and efficiency of health care
0.0%	Funding programs that help eliminate problems in access to or quality of care for minorities
0.0%	Funding biomedical and technological research that can lead to advancements in the treatment and prevention of disease
18.8%	Guaranteeing that all Americans get health care when they need it, through public “safety net” programs (if they can not afford it)
3.1%	Preserving Medicare and Medicaid

**Considering the rising costs of healthcare, what should be the most important priority for public spending in order to reach the goal of “health care that works for all Americans? Which is your second priority?**

- 6.5%      Guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas
- 29.0%    Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
- 22.6%    Guaranteeing that all Americans have health coverage
- 6.5%      Funding the development of computerized health information to improve the quality and efficiency of health care
- 3.2%      Funding programs that help eliminate problems in access to or quality of care for minorities
- 9.7%      Funding biomedical and technological research that can lead to advancements in the treatment and prevention of disease
- 9.7%      Guaranteeing that all Americans get health care when they need it, through public “safety net” programs (if they can not afford it)
- 12.9%    Preserving Medicare and Medicaid

**Considering the rising costs of healthcare, what should be the most important priority for public spending in order to reach the goal of “health care that works for all Americans? Which is your third priority?**

- 16.1%    Guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas
- 6.5%      Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
- 12.9%    Guaranteeing that all Americans have health coverage
- 12.9%    Funding the development of computerized health information to improve the quality and efficiency of health care
- 0.0%      Funding programs that help eliminate problems in access to or quality of care for minorities
- 6.5%      Funding biomedical and technological research that can lead to advancements in the treatment and prevention of disease
- 16.1%    Guaranteeing that all Americans get health care when they need it, through public “safety net” programs (if they can not afford it)
- 29.0%    Preserving Medicare and Medicaid

**How much more would you personally be willing to pay in a year to support efforts that would result in every American having access to affordable, high quality health care coverage and services?**

- 6.3%      \$0
- 15.6%    \$1 - \$99
- 15.6%    \$100 - \$299
- 25.0%    \$300 - \$999
- 28.1%    \$1000 or more
- 9.4%      Don't know

**If you believe it is important to ensure access to affordable, high quality health care and services to all Americans, which of these proposals would you suggest for doing this?**

- |       |  |
|-------|--|
| 7.7%  | Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase private health insurance on their own                                      |
| 11.5% | Expand state government programs for low-income people, such as Medicaid and the State Children's Health Insurance Program, to provide coverage for more people without health insurance |
| 0.0%  | Rely on free market competition among doctors, hospitals, other health care providers, and insurance companies rather than having government define benefits and set prices              |
| 15.4% | Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program   |
| 3.8%  | Expand current tax incentives for employers and their employees to encourage employers to offer insurance to more workers and families   |
| 3.8%  | Require businesses to offer health insurance to their employees  |
| 0.0%  | Expand neighborhood health clinics   |
| 30.8% | Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance  |
| 23.1% | Require that all Americans enroll in basic health care coverage, either private or public  |
| 3.8%  | Increase flexibility afforded states in how they use federal funds for state programs -- such as Medicaid and S-CHIP -- to maximize coverage   |

**Did you learn anything new today?**

- |       |     |
|-------|-----|
| 96.9% | Yes |
| 3.1%  | No  |

**Have your opinions changed at all since you walked in this room?**

- |       |              |
|-------|--------------|
| 24.2% | Not at all   |
| 39.4% | A little bit |
| 21.2% | Some         |
| 15.2% | A lot        |

**Overall, how do you rate today's meeting?**

- |       |           |
|-------|-----------|
| 0.0%  | Very Poor |
| 6.1%  | Poor      |
| 0.0%  | Okay      |
| 27.3% | Good      |
| 66.7% | Excellent |

## STAYING INVOLVED

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Through the Citizens' Health Care Working Group website, we have made it possible for you to stay involved in the discussion – and to encourage others to get involved as well. Visit the website at [www.citizenshealthcare.gov](http://www.citizenshealthcare.gov) and:

- Download a **Community Meeting Kit** to plan a meeting for your family, friends, neighbors and co-workers.  
[www.citizenshealthcare.gov/community/mtg\\_kit.php](http://www.citizenshealthcare.gov/community/mtg_kit.php)
- Find a list of other cities hosting meetings and spread the word to friends and family in those cities to **Register for a Community Meeting** near them.  
[www.citizenshealthcare.gov/register](http://www.citizenshealthcare.gov/register)
- Add your opinions to three different polls in the **Public Comment Center**  
[www.citizenshealthcare.gov/speak\\_out/comment.php](http://www.citizenshealthcare.gov/speak_out/comment.php)
- Read what members of the Working Group and other Americans have to say by following the link on the homepage to the **Citizens' Blogs**.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Share your opinions on the future of health care by creating your own blog by following the link on the homepage to the **Citizens' Blogs**.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Join a growing group of individuals engaging in back-and-forth discussions on the **Discussion Forums** by following the link on the homepage.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Read **Community Meeting Reports** from other cities to see how opinions are shaping up across the country.  
[www.citizenshealthcare.gov/community/mtng\\_files/complete.php](http://www.citizenshealthcare.gov/community/mtng_files/complete.php)
- Stay tuned to the homepage for the Citizens' Health Care Working Group **Preliminary Recommendations** (available in early June) and get involved in the 90-day public comment period.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Stay tuned to the homepage for information on the **Final Recommendations** and the schedule of **Congressional hearings** to address those recommendations.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)

If you have additional ideas on how to get others involved, we would love to hear them. Please contact Jessica Federer at 301-443-1521 or [jessica.federer@ahrq.hhs.gov](mailto:jessica.federer@ahrq.hhs.gov).